

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** GERI CARE CABIN (0008717)

**Address:** 1055 JACOBSEN RD, NEENAH, WI 54956

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/1999

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0096895      **End Date:** 03/31/2006      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007294    Served 05/15/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.21(4)(o)	MEDICATIONS		
83.21(4)(w)	SAFE ENVIRONMENT		
83.33(3)(e)2.b	INJECTIONS		
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION		
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		
83.55(4)(e)	SAFETY		

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Survey ID:** 0092602      **End Date:** 04/28/2004      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10006965    Served 05/25/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	03/31/2006	Yes
83.18(1)(d)4	DESCRIPTION HARMFUL BEHAVIOR PATTERNS	03/31/2006	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	03/31/2006	Yes
83.19(3)(d)	WHEREABOUTS UNKNOWN	03/31/2006	Yes
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	03/31/2006	Yes
83.32(2)(d)	REVIEW OF PROGRESS	03/31/2006	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	03/31/2006	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS		No
83.43(3)(b)1	TESTING BY SERVICE COMPANY		No
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	03/31/2006	Yes

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date: 05/11/2006      SOD #10007294      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.21(4)(o)  
FORFEITURE---83.21(4)(w)  
FORFEITURE---83.33(3)(e)2.b  
FORFEITURE---83.42(2)(a)  
FORFEITURE---83.43(3)(b)1

**Date: 05/21/2004      SOD #10006965      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---50.065(3)(b)  
FORFEITURE---83.19(1)(d)  
FORFEITURE---83.19(3)(d)  
FORFEITURE---83.21(4)(n)4  
FORFEITURE---83.32(2)(d)  
FORFEITURE---83.42(2)(a)

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 10/31/2003**

**Date Investigation Completed: 05/11/2004**

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

10006965

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*